

Fractured Bonds: Understanding and Responding to Adult-Child to Parent Abuse in London

Executive Summary

Fractured Bonds: Understanding and Responding to Adult-Child to Parent Abuse in London presents critical research into a hidden yet pervasive form of family harm. This nine-month study combined academic research with innovative practical trials to understand how adult-child to parent abuse (ACPA) manifests across London and to test approaches for more effective intervention. This research was commissioned by the Mayor's Office for Policing and Crime (MOPAC) and was delivered by a partnership of researchers and practitioners led by Equality Collabs.

Our Research Journey

The study employed a comprehensive three-phase approach to build a complete picture of ACPA in London:

Literature Review: Initial research revealed that ACPA exists at the intersection of multiple disciplines, including gerontology, psychiatry, and domestic abuse studies. The review highlighted significant gaps in understanding how ACPA uniquely manifests and the limitations of current frameworks in addressing it effectively.

Fieldwork: The team engaged directly with those affected by and responding to ACPA through surveys with 61 professionals and 17 parents/carers, in-depth interviews with 14 professionals and 7 parents, and a multi-agency case review session involving 28 stakeholders examining 6 anonymised cases. This fieldwork illuminated the lived experiences of families and the challenges professionals face in responding to ACPA effectively.

Practical Trials: Building on these insights, a 16-week trial was implemented across 17 London boroughs in partnership with Islington Council, Central North West London NHS Trust (CNWL), and Waythrough (DVIP services). The trial tested practical interventions including specialist training, new assessment approaches that focus on addressing unmet needs in the family to mitigate risk, and enhanced multi-agency coordination approaches.

Key Findings

Prevalence and Hidden Nature: ACPA remains significantly unrecognised across services despite the serious harms it causes. Analysis of CNWL healthcare data in the trial revealed

nearly half (48%) of ACPA cases were not classified as domestic abuse but general safeguarding (CNWL NHS Trust, 2024-25), while panel observations demonstrated widespread inconsistency in identification and response.

Distinctive Family Dynamics: The research revealed complex emotional dynamics that distinguish ACPA from other forms of domestic abuse, particularly when coupled with the adult-child's high levels of need, as was often the case. This fundamental relationship difference requires unique approaches to intervention.

Mental Health Crisis: A striking pattern emerged across all research phases showing the critical intersection between mental health and ACPA. Healthcare data revealed cases of mutual suicidality between parents and adult children, with panel chairs also noting the high prevalence of serious diagnoses (schizophrenia, psychosis, delusions) and sectioning in many cases.

Service System Failures: Families described persistent struggles to access support. The transition between child and adult services emerged as a particularly critical gap, with professionals noting this period is frequently linked to dis-engagement.

Intersectional Barriers: The research revealed significant additional barriers faced by minoritised families, including cultural stigma, language barriers, and immigration concerns. The absence of culturally appropriate services and independent interpreters frequently leaves these families particularly vulnerable and isolated.

Innovative Solutions Tested

The practical trials revealed several promising approaches:

The ACPA Family Needs and Risks Tool: Co-created with Islington Council, this innovative tool enables a significant shift in how services approach ACPA cases. Rather than viewing adult children solely through a criminal justice lens, the tool facilitates a deeper understanding of how unmet needs drive harmful behaviour while maintaining focus on the parent/wider victims' safety and their desired outcomes. Panel chairs reported it "transformed their discussions" and helped identify patterns and intervention opportunities that might otherwise be missed. The tool's intersectional design specifically captures factors like immigration status, disability, and cultural contexts that significantly impact risk and intervention planning.

Enhanced Healthcare Identification: CNWL's conducted a systematic review of incident reporting and modified their risk assessment to include caring responsibilities as a risk factor. The findings show that ACPA presents across diverse healthcare contexts, from talking therapies to specialist services like neurology and cardiac care, and often involves complex care dynamics and high levels of mental health need for both parents and adult-children.

Professional Capacity Building: Pre- and post-training evaluations across all three trial sites demonstrated significant improvements in professionals' understanding and confidence. Before training, most participants rated their knowledge as minimal, while

afterwards, the majority claimed to have "a lot" of knowledge, suggesting targeted training can enhance practice. However, it is important to emphasise that while training provides a foundation, it is no substitute for embedded organisational understanding and best practice. The trial revealed that a holistic, system-wide approach is necessary for sustainable improvement in ACPA responses.

Recommendations

Based on these findings, we propose 16 detailed recommendations spanning strategic systems-level change and operational practice-level improvements:

Strategic Recommendations (Systems-Level Change)

1. Establish "Adult-Child to Parent Abuse (ACPA)" as the recognised terminology across London services, with clear guidance on its relationship to domestic abuse and contextual usage guidance.
2. Develop an integrated, person-centred framework that recognises ACPA within safeguarding and domestic abuse frameworks while acknowledging its unique dynamics, including joint protocols, dedicated risk assessment pathways, whole-family assessment tools, and clear information-sharing guidance.
3. Establish dedicated pathways between domestic abuse/safeguarding and mental health services, including joint assessment protocols and lowered thresholds for ACPA cases.
4. Commission specialist ACPA advocacy roles to test their efficacy within adult social care and domestic abuse services to support parents through complex multi-agency systems.
5. Reform MARAC and similar high-risk frameworks to better capture ACPA dynamics earlier, with clear thresholds and pathways appropriate to familial abuse.
6. Develop a London-wide ACPA strategy with minimum standards for identification, risk assessment and response, while allowing for local adaptation.
7. Implement standardised data collection systems across all London boroughs to accurately measure ACPA prevalence, including mandatory case categorisation in case management systems. This will be also essential data for commissioning specialist ACPA services.
8. Commission integrated child-to-parent abuse services that cover both CAPVA and ACPA, with specific transitional support for the 16-25 age group.
9. Commission dedicated research to understand how intersectionality impacts experiences of ACPA and access to support services, with particular focus on ethnicity, sexuality, disability, age, and immigration status.
10. Conduct a wider practical implementation pilot of the ACPA Needs and Risks Tool across multiple London boroughs, with a formal review after one year.

Operational Recommendations (Practice-Level Change)

11. Develop culturally-aware early intervention programmes specifically for ACPA families, focusing on relationship repair and addressing underlying needs before crisis.

12. Create emergency disruption protocols including respite accommodation, rapid mental health assessment, and short-term separation strategies that do not criminalise perpetrators.
13. Adapt existing risk assessment tools or develop new ones that capture the unique dynamics of ACPA, particularly around care responsibilities and mental health.
14. Develop practice guidance for key agencies (including police, healthcare, and housing) on addressing intersecting issues of care needs, substance use, mental health, housing, intimate partner abuse in ACPA cases.
15. Map and formalise ACPA referral pathways across London, ensuring clear entry points and transitions between services.
16. Implement standardised, culturally-aware ACPA training for frontline staff across sectors, with clear protocols for identification and response.

A Path Forward

This research demonstrates both the urgent need for system-wide change and the significant potential for effective interventions. Increased awareness represents a crucial first step in improving responses.

The practical trials showed that targeted interventions can make a meaningful difference. Islington Council's adoption of the ***ACPA Family Needs and Risks Tool*** for all repeat domestic abuse cases demonstrates how innovation can be embedded into existing systems.

The value of specialist 'by and for' organisations was consistently highlighted throughout the research. Their intrinsic cultural understanding, linguistic accessibility, and established community trust facilitate better engagement and disclosure from families experiencing ACPA. The findings emphasise the importance of investing in and collaborating with these services as an integral part of a comprehensive, culturally sensitive approach.

With appropriate resources, training, and tools, services across London can develop more effective responses to this challenging form of abuse. The findings provide a foundation for transforming how London understands and addresses ACPA, ensuring families receive the coordinated, compassionate support they need. As one parent poignantly expressed: "We want help for our children, not punishment"—a sentiment that must guide system reform.